

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 COMMITTEE NAME SAN Antonio Fluoridation for Everyone (SAFE)				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6514 Pemmott SAN Antonio, TX 78240			
5 CAMPAIGN TREASURER NAME		TITLE FIRST MI CPA Harriet		Receipt # Amount	
		NICKNAME LAST SUFFIX Marmon Helmle		Date Processed	
				Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Frost Bank P.O. Box 1600 100 West Houston St. SAN Antonio, TX 78296			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Frost Bank 100 West Houston St SAN Antonio, TX 78296			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (210) 220-4014			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year Month Day Year 1 / 15 / 02 THROUGH 7 / 11 / 02			
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 07 / 2000			
GO TO PAGE 2					

 RECEIVED
CITY OF SAN ANTONIO
2002 JUL 15 AM 11:58


SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

**12 COMMITTEE
NAME**

SAN Antonio Fluoridation for Everyone

ACCOUNT #
(Ethics Commission filers)

**13 COMMITTEE
PURPOSE**

 (Attach lists on plain
paper to complete this
report if necessary.)

☒ SUPPORT

☐ OPPOSE

☐ ASSIST
(officeholders only)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

 ELECTION DATE
Month Day Year

11 / 07 / 2000

DESCRIPTION

Fluoridation Initiative

**14 NO REPORTABLE
ACTIVITY**
☒ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**15 CONTRIBUTION
TOTALS**

 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

 2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

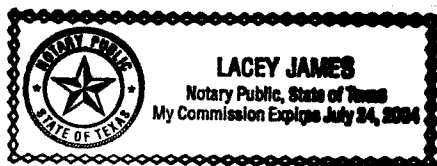
4. TOTAL POLITICAL EXPENDITURES

\$

**OUTSTANDING
LOAN TOTALS**

 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

16 AFFIDAVIT

 I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.

Harriet Mardon Helms

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

 Sworn to and subscribed before me, by the said HARRIET MARDON HELMS this the 15th day
of July, 20 02, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OFFICER

 RECEIVED
CITY OF SAN ANTONIO
JUL 15 AM 11:58

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

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		NICKNAME LAST SUFFIX Helmske		Date Processed	
				Date Imaged	
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10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 7 / 11 / 2001 1 / 14 / 02			
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 07 / 2000			
GO TO PAGE 2					



SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE

NAME

San Antonio Fluoridation for Everyone

ACCOUNT #

(Ethics Commission filers)

13 COMMITTEE
PURPOSE(Attach lists on plain
paper to complete this
report if necessary.)☐

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

☐

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☒ SUPPORT☐ OPPOSE☐ ASSIST
(officeholders only)☒

MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

11/02/2000

DESCRIPTION

Fluoridation Initiative

14 NO REPORTABLE
ACTIVITY☐

Check here if no reportable activity occurred during this reporting period (Sign affidavit below and submit pages 1 and 2 only)

15 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

-0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

-0-

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED

\$

-0-

4. TOTAL POLITICAL EXPENDITURES

\$

-0-

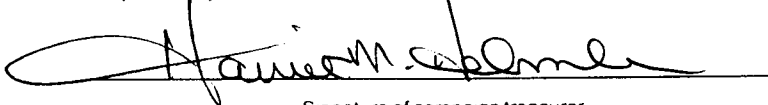
OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

-0-

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.



Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Harriet M. Helmle this the 14th day
of January, 2002, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



Printed on recycled paper

JACINTA SHEPHERD
Notary Public
My Commission Expires 06/01/03

Revised 04/10/2000

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3

3 COMMITTEE NAME

San Antonio Fluoridation for Everyone (SAFE)

OFFICE USE ONLY

Date Received

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 29093
San Antonio, Texas 78229

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

CPA HARRIET MARMON
NICKNAME LAST SUFFIX

Helmle

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Frost Bank
P.O. Box 1600
100 West Houston ST.
San Antonio, Texas 78296

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 220 - 4014

9 REPORT TYPE

☐ January 15
☒ July 15

☐ 30th day before election
☐ 8th day before election
☐ Runoff

☐ Exceeded \$500 limit
☐ Dissolution (attach PAC-DR)
☐ 10th day after campaign/treasurer termination

10 PERIOD COVERED

Month Day Year

04 / 04 / 01

THROUGH

Month Day Year

7 / 10 / 2001

11 ELECTION

ELECTION DATE
Month Day Year

11 / 07 / 2000

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

San Antonio Fluoridation For Everyone (SAFE)

ACCOUNT #
(Ethics Commission filers)

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

☒ SUPPORT

☐ OPPOSE

☐ ASSIST
(officeholders only)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

11 / 07 / 2000

DESCRIPTION

Fluoridation Initiative

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15 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

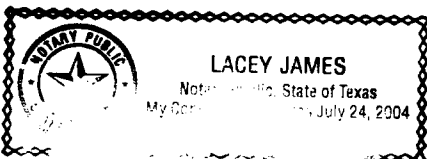
\$ 1868.33

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

16 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Harriet M. Helmle

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said HARRIET M. HELMLE, this the 10th day of JULY, 20 01, to certify which, witness my hand and seal of office.

Lacey James
Signature of officer administering oath

LACEY JAMES
Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1001 JUL 10 P 16

2 FILER NAME

SAN Antonio Fluoridation For Everyone

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/31/01

5 Payee name

Guerra De Berry Coody

6 Payee address; City; State; Zip Code

122 EAST Houston St., 2nd Floor
SAN Antonio, TX 78205

7 Amount

#603.51

8 Purpose of payment (See instructions regarding type of information required.)

Rental of Audiovisual Equipment - Press Conference
(Initial for Fluoride Campaign)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5/31/01

Payee name

Guerra De Berry Coody

Payee address; City; State; Zip Code

122 EAST Houston St., 2nd Floor
SAN Antonio, TX 78205Amount
(\$)

#1,065.82

Purpose of payment (See instructions regarding type of information required.)

Printing cost - fact sheets / fluoride

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

6/20/01

Payee name

Kevin Donly

Payee address; City; State; Zip Code

12901 HUNTERS ARROW
SAN Antonio, TX 78230Amount
(\$)

#180.00

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for purchase of color photos (2)
from Express-News

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

6/27/01

Payee name

U.S. Postmaster

Payee address; City; State; Zip Code

Medical Center, SAN Antonio, TX 78229

Amount
(\$)

#19.00

Purpose of payment (See instructions regarding type of information required.)

P.O. Box Rental - 6 mos (SAFE)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED